

O I P E
APR 23 2002CONTINUED PROSECUTION APPLICATION (CPA)
REQUEST TRANSMITTALSubmit an original, and a duplicate for fee processing
(Only for Continuation or Divisional applications under 37 CFR 1.53(d)) DUPLICATEAddress to:
PATENT AND TRADEMARK OFFICE
Commissioner for Patents
Box CPA
Washington, DC 20231Attorney Docket No. 000004-00634
Inventor(s) Susumu Tsujimoto
Group Art Unit 3724
Examiner K. PetersonThis is a request for a continuation or divisional application under 37 CFR 1.53(d)(continued prosecution application (CPA)) of prior application number 09/073,825
filed on May 7, 1998 entitled Band Saw Blade

1. Enter the unentered amendment previously filed under 37 CFR 1.116 in the prior nonprovisional application.
2. A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53 (d)(4)
 - a. DELETE the following inventor(s) named in the prior nonprovisional application:
 - b. The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
 - a. PTO-1449
 - b. Copies of IDS Citations

RECEIVED

APR 26 2002

TECHNOLOGY CENTER R3700

Claims	Number Filed		Number of Extra Claims	Rate	Fee
Total	1	-20	0	\$18	\$0.00
Independent	1	-3	0	\$84	\$0.00
		<input type="checkbox"/> Multiple Dependent Claims		\$280	\$0.00
				Basic Fee	\$740.00
				TOTAL OF ABOVE CALCULATIONS	\$740.00
		<input type="checkbox"/> Reduction by 50% for filing by Small Entity			\$0.00
		<input type="checkbox"/> Recordation of Assignment		\$40.00	\$0.00
				TOTAL	\$740.00

6. Small Entity Status:

- a. Applicant claims small entity status. See 37 C.F.R. §1.27.
- b. Is no longer claimed.
7. The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 for the papers being filed herewith and for which no check is enclosed, or credit any overpayment to Deposit Account No. 23-2185.
 If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 CFR 1.136 for the necessary extension of time in the parent case. Any fees required for such an extension of time may be charged to Deposit Account No. 23-2185.
8. A check in the amount of \$740.00 is enclosed.
9. Other:

10. CORRESPONDENCE ADDRESS

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900 17TH STREET, NW
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27557

PATENT TRADEMARK OFFICE

Name:	Michael D. White	Registration No.:	32,795
Signature:	<i>Michael D. White</i>	Date:	4/23/02

04/24/2002 SSITHIB1 00000050 09073825

02 FC:131

740.00 OP

CPA Filed 4/23/2022

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/073825

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	
INDEPENDENT CLAIMS		minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE	FEES
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEES
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

OTHER THAN
SMALL ENTITY
OR

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.